



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

KULM MEDICAL PA
PO BOX 430
ROWLETT TX 75030

Respondent Name

LIBERTY INSURANCE CORP

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-12-0988-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary dated January 27, 2012: "Please withdraw CPT code 97032 and 97012 for each DOS, these lines have been resolved." "Please consider DOS 7/13/11. This DOS is still in disputed based on the following criteria. *Per Rule, 134.600, the provider is allowed to treat the patient for six visit if it is within the first two weeks after the DOI. Please note, the date of injury was on 06/09/11, so these six visits could be performed up to 06/23/11. Six visits were performed during this time frame." "**Preauthorization was obtained for the remaining visits, including 7/13/12. There was an overlap of the first six visits and the preauthorized visits. Liberty Mutual is not allowing the first six visits as allowed by Rule 134.600 which is causing the denial of DOS 7/13/11 erroneously."

Amount in Dispute: \$220.18

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The billed charges for procedure 97113 and 97110 for date of service 7/13/11 were denied as not pre-authorized. Pre-authorization was given for only 6 visits and those dates were paid prior to 7/13/11/ The next pre-authorization granted...did not start until 7/21/11. The date(s) of service paid are 6/21/11, 6/22/11, 6/24/11, 6/27/11, 6/30/11, and 7/1/11, copies of EOBs enclosed."

Response Submitted by: Liberty Mutual, P.O. Box 4223, Gainesville, GA 30503

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 13, 2011	Physical Therapy Services – CPT Code 97110-59-GP (x2)	\$95.36	\$95.35
	Physical Therapy Services – CPT Code and 97113-GP (x2)	\$124.82	\$124.82
TOTAL		\$220.18	\$220.17

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.600, requires preauthorization for specific treatments and services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated September 30, 2011

- X388-Pre-authorization was requested but denied for this service per DWC Rule 134.600.
- X598-Claim has been re-evaluated based on additional documentation submitted; no additional payment due.

Issues

1. Did the requestor obtain preauthorization approval for the disputed physical therapy services?
2. Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for the disputed physical therapy services based upon reason code "X388-Pre-authorization was requested but denied for this service per DWC Rule 134.600."

The respondent states in the position summary that "The billed charges for procedure 97113 and 97110 for date of service 7/13/11 were denied as not pre-authorized. Pre-authorization was given for only 6 visits and those dates were paid prior to 7/13/11. The next pre-authorization granted...did not start until 7/21/11. The date(s) of service paid are 6/21/11, 6/22/11, 6/24/11, 6/27/11, 6/30/11, and 7/1/11, copies of EOBs enclosed."

The requestor states that "Per Rule, 134.600, the provider is allowed to treat the patient for six visit if it is within the first two weeks after the DOI. Please note, the date of injury was on 06/09/11, so these six visits could be performed up to 06/23/11. Six visits were performed during this time frame." "Preauthorization was obtained for the remaining visits, including 7/13/12. There was an overlap of the first six visits and the preauthorized visits."

Per 28 Texas Administrative Code §134.600(p)(5)(C) states "except for the first six visits of physical or occupational therapy following the evaluation when such treatment is rendered within the first two weeks immediately following:

- (i) the date of injury."

The claimant sustained a compensable work injury on June 9, 2011.

Review of the submitted documentation finds that the requestor provided physical therapy sessions on the following dates: June 16, 2011, June 17, 2011, June 20, 2011, June 21, 2011, June 22, 2011, June 24, 2011, June 27, 2011, June 30, 2011, July 1, 2011, July 8, 2011 and July 13, 2011.

Therefore, dates of service June 16, 2011 through June 24, 2011 did not require preauthorization.

Per 28 Texas Administrative Code §134.600(p)(5)(A) the non-emergency healthcare that requires preauthorization includes: "(5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to:

- (i) Modalities, both supervised and constant attendance;
- (ii) Therapeutic procedures, excluding work hardening and work conditioning."

On June 21, 2011, the requestor obtained preauthorization approval for six (6) sessions of physical therapy, two units of codes 97110, and 97113.

As stated above, preauthorization was not required prior to June 24, 2011; therefore, date of service July 13, 2011 was within the timeframe and number of sessions that were preauthorized. Reimbursement is recommended.

2. CPT code 97110 is defined as "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility." The MAR for CPT code 97110-

59-GP rendered in Garland, TX is \$47.675 X 2 units = \$95.35, this amount is recommended for reimbursement.

CPT code 97113 is defined as “Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises.” The MAR for CPT code 97113-GP rendered in Garland, TX is \$62.41 X 2 units = \$124.82, this amount is recommended for reimbursement.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation supports additional reimbursement sought by the requestor. The Division concludes that the requestor has supported its position that additional reimbursement is due. As a result, the amount ordered is \$220.17.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$220.17 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	<u>2/23/2012</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.